

Please print

phone, fax and e-mail must be listed

Traveler's Name _____ Phone _____ Fax _____
Last First MI

Address for travel advance/correspondence and reimbursements: E-Mail _____

Street _____ City _____ State _____ Zip _____

Transportation arrangements to be made by ORISE? () Yes () No

Method of Travel: () Plane () Personal Vehicle () Other () Rental Vehicle; size: _____

Justification for rental vehicle: _____

Official Itinerary:

Purpose of trip: _____

Starting date: _____ Starting city, state: _____ Airport Departure time/flight number: _____
(if known)

Lodging city, state: _____ Lodging dates: _____

Lodging/Per diem allowance: \$ _____ / _____ Lodging waiver needed () Yes () No Amount Requested \$ _____

Lodging waiver justification: _____

Return date: _____ Return city, state: _____ Airport Departure time/flight number: _____
(if known)

Does this include personal travel? () Yes () No If yes, please note the dates of official business.

Official and Personal Travel Itinerary: _____

CONFERENCE INFORMATION: Are you traveling for formal training or to attend a conference? If yes, training or conference documentation **MUST BE INCLUDED WITH THIS FORM (TAR)**, i.e., completed registration form, agenda or meeting announcement.

Training/Conference Name _____

Advance Registration Fee \$ _____ Date Needed _____

Make check payable to: _____

Mailing Address: _____

Total Estimate \$ _____ Advance Requested \$ _____
(from worksheet on page 2) For those without Diners cards; NTE 80% of total estimate

Remarks/Special Circumstances/Pertinent Information:

Traveler's Signature _____ Mentor's Approval _____

ORISE USE ONLY

Facility Approval _____ MIPR # _____

ORISE Approval _____ Project/Task _____ TRAVEL PARTICIPANT

TRAVEL AUTHORIZATION/RESERVATION
TRAVEL ESTIMATE

Travel Estimate must be completed

Per diem: _____ days X \$ _____/day
(The 1st and last day is calculated at .75) = _____

Personal vehicle mileage:

Airport mileage _____ miles (RT) X \$0.34/mile = _____

If driving entirely _____ miles (RT) X \$0.34/mile = _____

Airport parking _____ days X \$ _____/day = _____

Lodging: _____ nights X \$ _____/night = _____

Rental vehicle _____ days X \$ _____/day = _____

Rental vehicle gasoline = _____

Airfare = _____

Conference Registration Fee = _____

Misc. (hotel tax, materials & supplies, taxi, metro, etc.) = _____

TOTAL ESTIMATED EXPENSES
(Round to nearest dollar) = _____

Send both pages of completed Travel Authorization/Reservation form VIA FAX to:

Donna Laird Phone (410) 436-4335
Fax (410) 436-5811

Web Sites for GSA Lodging and Per Diem rates:

<http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/perd01d.html>

Domestic travel

<http://www.state.gov/www/perdiems>

Foreign travel

<http://www.mit.edu:8001/geo>

County listing